## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

**Application or Docket Number** 

CLAIMS AS FILED - PART I						SMALL ENTITY				OTHER THAN		
TOTAL OLABAS			(Column 1)		(Column 2)		. 1	TYPE		OR	•	
TOTAL CLAIMS / 9							RATE	FEE	]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			12 minus 20=		. 0		Í	X\$ 9=		ÖR	X\$18=	9
INDEPENDENT CLAIMS			3 minus 3 =		. 0			X40=		OR	X80=	0
MULTIPLE DEPENDENT CLAIM PRESENT							ľ	+135=	·	OR	+270=	0
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	710	
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)								SMALL E	=NTITY	OR	OTHER SMALL	
AMENDMENT A		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGH	IEST BER OUSLY	PRESENT EXTRA	RATE	OMALL	ADDI-		I.	ADDI-
				NUM PREVIO PAID				RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF M	Minus	***	T CL AINA	=		X40=		OR	X80=	
	rinoi Pheoe	NIATION OF W	JUITLE DEF	EINDEIN	CLAIN			+135=		OR	+270=	
	•					•	-	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
	*	(Column 1)		(Colu	mn 2)	(Column 3)	•			• .		
AMENDMENT B	Ô	CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* \	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	F.O. A.D.A			X40=		OR	X80=	
	FIRST PRESE	NTATION OF MI	JETIPLE DEF	ENDEN	CLAIM			+135=		OR	+270=	
	•						L	TOTAL ADDIT. FEE		ÓR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)	_	ODII. FEE			AUUII. FEE	· · · · · · · · · · · · · · · · · · ·
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT				PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF M	Minus	***	TCLAIM	=		X40=		OR	X80=	
	THO THESE	TATION OF W		LINDEN	CLANVI			+135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
	The "Highest Num	nber Previously Pa	id For" (Total or	Independ	lent) is the	highest number	r fou	nd in the app	ropriate box	k in co	lumn 1.	